

## State of Rhode Island Department of State - Business Services Division

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby

## RECEIVED -COOPPORATION STATE

## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

2824 DEC 20 AH 11: 32

submits the following statemer a fictitious business name:	nt for authority to transact busine	ess in the state of Rhode Island	under
1. Entity ID Number:	2. The name of the Limited Liability Company is:		
1738255	Elsa Yeung Veteri	nary Relief Services	s, UC
3. The fictitious business nam	ne to be used is:		
Home Veterina	ary Care		
The state or country the entity is formed is:		5. The date of formation is:	
RI		3/30/2022	
6. Applicant is otherwise auth	orized to do business in the stat	e of Rhode Island.	
7. Under penalty of perjury, I information contained herein	declare and affirm that I have ex is true and correct.	camined this Fictitious Business	Name Statement and that the
Name of Applicant Limited Liability Company			Date
Elsa Yeung Voter	inary Relief Service	es, UC	12/16/2024
Signature of Authorized Pers	on		
Glsa Zen	g		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov · FILED 11/32

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BY DXRFR.

